COURSE PREREQUISITE WAIVER

REGISTRAR'S OFFICE

TUSCULUM UNIVERSITY ESTABLISHED 1794

Last Name _____ First Name _____ Student ID Number _____

Major/Minor _____ Declared Catalog _____

ACKNOWLEDGEMENT

By submitting this waiver and signing my name, I acknowledge that prerequisite courses are established to help ensure adequate background or foundational knowledge of topics to be covered in the subsequent course(s). I further acknowledge that, by not taking the prerequisite course, I may face a greater academic challenge that may affect my ability to successfully complete other courses. This waiver may be considered should I appeal grades (assignment or final) in subsequent courses.

I request waiving this course requirement which is a prerequisite…

Course ID Number _____ Course Title (please print) _____ Credit Hours _____

… for this subsequent course…

Course ID Number _____ Course Title (please print) _____ Credit Hours _____

This is a… ☐ Tusculum course ☐ Transfer course (Additional documentation may be required.)

Reason: _____

STUDENT

STUDENT SIGNATURE _____ Date _____

ADVISOR

☐ Approved ☐ Denied

ADVISOR SIGNATURE _____ Date _____

Comments _____

INSTRUCTOR

☐ Approved ☐ Denied

INSTRUCTOR SIGNATURE _____ Date _____

Comments _____

ASSISTANT DEAN / AVPAA

☐ Approved ☐ Denied

DEPARTMENT CHAIR SIGNATURE _____ Date _____

Comments _____

RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE

OFFICE USE ONLY

Date Entered _____ By (initials) _____ Notes _____

Rev. 08/27/24